

MULTIPLE DEPT. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**01579023**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	w	w				
9		1				
10	w	w				
11		1				
12		1				
13	w	w				
14	w	w				
15	w	w				
16		1				
17	w	w				
18	w	w				
19	w	w				
20		1				
21		1				
22		1				
23	w	w				
24		1				
25		1				
26		1				
27		1				
28	w	w				
29	w	w				
30	w	w				
31	w	w				
32	w	w				
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34	w	w				
35	w	w				
36	w	w				
37	w	w				
38	w	w				
39		1				
40		1				
41		1				
42		1				
43	w	w				
44	w	w				
45	c	c				
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TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	21	◀		◀	◀	◀
TOTAL CLAIMS	22	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		◀		◀	◀	◀
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████